



AmeriCorps VISTA Healthcare FAQs

The [Affordable Health Care Act \(ACA\)](#) reformed healthcare and ensures that essential healthcare benefits are made available to all Americans through state and federal health insurance marketplaces. Additionally, the law:

- requires all Americans who can afford it to purchase health insurance or pay a fee;
- reduces the cost of monthly premiums for low-income individuals by offering [premium tax credits](#);
- caps [out-of-pocket costs](#) for individuals, i.e., \$6,600 in 2015.

Beginning January 1, 2015, AmeriCorps VISTA will offer a **Healthcare Allowance** for VISTA members who maintain their own health insurance for the duration of their service year.

VISTA will also continue to offer its current **Health Benefit Plan** to members who started service prior to January 1, 2015, and to new [members who are exempt](#) from the healthcare law's requirement to maintain health insurance.

Continue reading to learn more about these benefits. You can click on a question in the table of contents to go directly to that question.

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Member Start Dates and Eligibility

I started service prior to January 1, 2015. What are my VISTA health coverage options?

You have two options:

- Continue to receive coverage through the [AmeriCorps VISTA Health Benefit Plan](#) for the duration of your service. To do this, you must submit an updated Coordination of Benefits form to the AmeriCorps VISTA Health Benefit Administrator.
- You may elect to waive the AmeriCorps VISTA Health Benefit Plan and instead opt in to receive the [AmeriCorps VISTA Healthcare Allowance](#) starting January 1, 2015. To enroll, you must submit a Member Enrollment Form and proof of insurance to the AmeriCorps VISTA Health Benefit Administrator.

I started service on or after January 1, 2015. What are my VISTA health coverage options?

Unless you are exempt from the healthcare law's requirement to maintain insurance, you only have one healthcare option – maintain your own health insurance and receive the [AmeriCorps VISTA Healthcare Allowance](#) to pay for out-of-pocket expenses. In order to be eligible, you must maintain health insurance for your entire service term.

If you are [exempt from the health care law's requirement](#) to maintain insurance, you are eligible for coverage through the [AmeriCorps VISTA Health Benefit Plan](#). See the [question regarding exemptions](#) for more detail.

How are the benefits for tribal populations different from those for other populations?

VISTAs who have membership in a federally recognized tribe or receive benefits through an Indian Health service provider should receive an exemption from the individual mandate for having to maintain insurance. To find out more information on exemptions and determine if you qualify, please visit:

<https://www.healthcare.gov/exemptions>. Members who demonstrate they are exempt may rely on the [AmeriCorps VISTA Health Benefit Plan](#) during their term of service. If you are a member of a federally recognized tribe and would like to find out more information about your healthcare options during your service term, please contact the AmeriCorps VISTA Health Benefit Administrator IMG (International Medical Group) at americorpsvista.imglobal.com or 1-855-851-2974.

How are residents of Puerto Rico and their benefits different under the law?

VISTAs who are residents of the United States Territories, such as Puerto Rico, are not required to have healthcare coverage under the healthcare law and should receive an exemption from the individual mandate for having to maintain insurance. To find out more information on exemptions and determine if you qualify, please visit: <https://www.healthcare.gov/exemptions>. Members who demonstrate they are exempt may rely on the [AmeriCorps VISTA Health Benefit Plan](#) during their term of service. If you are a member living in one of the United States Territories and would like to find out more information about your healthcare options during your service term, please contact the AmeriCorps VISTA Health Benefit Administrator, IMG (International Medical Group) at americorpsvista.imglobal.com or 1-855-851-2974.

AmeriCorps VISTA Healthcare Allowance

Who is eligible for the healthcare allowance?

All members, regardless of start date, who maintain health insurance for their entire service term are eligible for the healthcare allowance.

How much is the healthcare allowance?

The allowance totals approximately \$6,600 per service term (payment of the allowance is disbursed as you incur healthcare costs).

Please note: for eligible members who are enrolled in the [AmeriCorps VISTA Health Benefit Plan](#), no healthcare allowance is provided.

What can the healthcare allowance be used for?

The allowance is used to off-set your [out-of-pocket healthcare expenses](#). The allowance is capped at \$6,600 in 2015. You can use the allowance for:

- your annual deductible
- coinsurance
- copayments for qualified medical expenses
- other similar charges for qualified medical expenses

The healthcare allowance may not be used for any other purpose, such as to pay insurance premiums or to pay for non-essential health benefits.

How do I use the healthcare allowance?

To use the allowance, you must submit your medical claim documentation and bill to the AmeriCorps Health Benefit Administrator. Our Administrator assesses the claim and either pays your healthcare provider directly or sends you reimbursement. We will provide you with instructions regarding proof of insurance when it is available.

Do I need to submit proof of insurance?

Yes. In order to be eligible for the healthcare allowance you must maintain a health insurance plan throughout the duration of your service term.

To participate in the healthcare allowance, you may elect to enroll in the allowance by completing a Member Enrollment Form and submitting proof of your other health insurance. Please note that election into the healthcare allowance removes you from coverage under the AmeriCorps VISTA Health Benefit Plan. The Member enrollment Form may be found online at americorpsvista.imglobal.com or by calling 855-851-2974. Election into the AmeriCorps VISTA Healthcare Allowance plan must be completed within 60 days of your service start date (or no later than 3/2/2015 if you are a VISTA that was active in service prior to 1/1/2015).

How long do I have to submit proof of insurance to AmeriCorps VISTA? If you are starting service on or after January 1, 2015, you have 60 days following your start date to obtain other insurance and submit proof to us. You may rely on the [AmeriCorps VISTA Health Benefit Plan](#) during this time. However, you will not have access to the AmeriCorps VISTA Health Benefit Plan after 60 days.

I don't have other insurance. How do I get it?

The following healthcare options may be available to you during your term of service: coverage through a spouse or parent, individual coverage purchased through the Marketplace, or Medicaid. For more information on coverage options, see the "[Health Insurance Options](#)" section.

I'm starting my service term outside of the "Open Enrollment" period for the Marketplace. Is entering VISTA considered a qualifying life event for access to the Marketplace outside of "Open Enrollment"?

Yes. If you started service after an open enrollment period ended, you have 60 days from your service start date to apply for healthcare coverage through the Marketplace. In such a case you would be applying for coverage during a Special Enrollment Period.



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Marketplace
& your new
coverage
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To apply for coverage under the Special Enrollment Period, contact the Marketplace call center at 1-800-318-2596.

I'm on my parent's health insurance plan however I turn 26 during my term of service, what should I do?

Turning 26 years old is considered a Qualifying Life Event and allows you to apply for healthcare coverage through the Marketplace outside of open enrollment periods. Once you've applied for a health insurance plan, you must submit an updated Coordination of Benefits form to the AmeriCorps Health Benefits provider.

What happens if I don't maintain insurance throughout my service term?

If you become sick or are injured during your service term and seek healthcare assistance from VISTA, but cannot provide proof of insurance or exemption from the requirement, you may be subject to removal from the VISTA program and are responsible for your own healthcare costs. Additionally, you may be subject to a penalty under the Affordable Care Act.

How do I know if I'll be subject to a penalty?

The Affordable Care Act now requires Americans to maintain health insurance or pay a penalty. There are few exceptions to this requirement. Unless you are certain that you are exempt from this requirement, you may be subject to the penalty depending upon your personal circumstances, including your household income. You may [file for an exemption](#) in order to determine if you will be subject to a penalty.

I believe that I am exempt from the healthcare law's requirement to maintain insurance. What benefit am I eligible for?

The healthcare law provides certain exemptions to the requirement to maintain insurance (e.g. individuals with very low income, members of federally recognized tribes, and certain hardship situations. See <https://www.healthcare.gov/exemptions> for a full list). If you fall into one of these categories, you may rely on the [AmeriCorps VISTA Health Benefit Plan](#) during your service term. You [must apply for an exemption via the health insurance marketplace](#) and provide a copy of your exemption letter to the AmeriCorps VISTA Health Benefit Administrator no later than the 60th calendar day following your start date.

Does the Healthcare Allowance Reimburse for Mental Health Services?

The allowance reimburses for costs associated with qualifying healthcare expenses during a member's service year; mental health services are considered 'essential health benefits' under the Affordable Care Act. For a list of essential health benefits, please see <https://www.healthcare.gov/blog/10-health-care-benefits-covered-in-the-health-insurance-marketplace/> or contact your insurance provider.

Under what circumstances, if any, does the Healthcare Allowance Reimburse for Dental and Vision benefits?

The allowance reimburses for costs associated with qualifying healthcare expenses during a member's service year. Since coverage details vary based on the specific insurance plan, you will need to contact your insurance provider for details on which dental or vision services, if any, are covered by your insurance plan. If you received covered dental or vision services and have out-of-pocket costs, the healthcare allowance can be used to reimburse you for those costs.

AmeriCorps VISTA Health Benefit Plan

Who is eligible for the AmeriCorps VISTA health benefit plan?

- Members who started service prior to January 1, 2015
- Members who started service on or after January 1, 2015 and are [exempt from the health care law's requirement](#) to maintain insurance. See the [question regarding exemptions](#) for more detail.

Additionally, all members may rely on this health benefit for the first 60 days of service while they apply for and secure health insurance.

What is the AmeriCorps VISTA health benefit plan?

The plan covers expenses for most emergency, medical and surgical costs, hospitalization and prescription drug needs you may have during your term of service. It is not considered insurance. Please see the [AmeriCorps VISTA Health Benefit Guide](#) for more information on plan details.

With the change in AmeriCorps VISTA health benefit Plan Administrator, will any of the benefits (to include prescription benefits) change?

While the provider of the AmeriCorps VISTA Health Benefits Plan changed December 15, 2014, the benefits package under this plan did not change. Members will still have access to the same healthcare services through providers with the First Health Network and same prescription benefits through a new prescription network, Universal Rx. Updated information on the new prescription network (including mail order prescriptions), as well as new resources such as website, healthcare guide, and member cards, were mailed to VISTA members the week of December 15, 2014.

What are the costs to VISTA members?

You do not pay a premium for the benefits and have low cost-sharing expenses. Cost-share is limited to \$5 for medical office visits and prescriptions (\$0 co-pay for generics) and no cost-share for emergency hospitalizations. There are no annual or lifetime limits on the coverage.

What are the limitations?

The benefit only covers you, the VISTA member, not your spouse/partner or dependents. The benefit does not cover costs associated with pre-existing conditions. Further, there are instances where you may be required to pay a co-payment for an office visit or prescription; you may also be required to cover the full cost of services if the medical service provider is not covered by the plan (such as treatment related to a pre-existing condition).

Please see the [AmeriCorps Health Benefit Guide](#) for more information on plan details.

If I elect to receive coverage through the health benefit plan, do I need to maintain other health insurance?

The healthcare law now requires Americans to maintain health insurance or pay a fee. There are few exceptions to this requirement. Unless you are certain that you are exempt from the healthcare law's requirement and that the coverage under the AmeriCorps VISTA health benefit plan meets your needs, we highly recommend you seek other health insurance coverage in addition to the AmeriCorps VISTA Health Benefit Plan.

In order to enroll in the [AmeriCorps VISTA Healthcare Allowance](#), you must maintain other health insurance.

I've done my research, and I'd like to seek additional coverage beyond the benefit offered by VISTA. What are my options?

The following healthcare options may be available to you during your term of service, including: coverage through a spouse or parent, individual coverage purchased through the healthcare marketplaces, or Medicaid. For more information on coverage options, see the ["Health Insurance Options"](#) section.

I've decided I'd like to waive the AmeriCorps VISTA Health Benefit Plan and begin receiving the [AmeriCorps VISTA Healthcare Allowance](#) starting January 1, 2015. How do I enroll?

To enroll, you must submit an updated Coordination of Benefits form and proof of insurance to the AmeriCorps VISTA Health Benefit Administrator.

To participate in the healthcare allowance, you may elect to enroll in the allowance by completing an updated Other Healthcare Coverage form and submitting proof of your other health insurance. Please note that election into the healthcare allowance removes you from coverage under the AmeriCorps VISTA Health Benefit Plan. The Other Healthcare Coverage form may be found online at americorpstvita.imglobal.com or by calling 855-851-2974. Election into the AmeriCorps VISTA Healthcare Allowance plan must be completed within 60 days of your service start date (or no later than 3/2/2015 if you are a VISTA that was active in service prior to 1/1/2015).

Health Insurance Options

I'd like to seek other health insurance. What are my options?

The following healthcare options may be available to you during your term of service:

- **Family healthcare coverage:** If you are 26 or younger and on a parent's plan, or married and covered by a spouse's plan, you may continue this coverage during your term of service. For more information about these options, visit HealthCare.gov or consult your family's provider.
- **Medicaid or Medicare healthcare coverage, or military healthcare benefits:** For those already receiving or eligible for Medicaid, Medicare, or military healthcare benefits, you may continue those benefits during your year of service. For more information about Medicare or Medicaid, please see CMS.gov.

- **Healthcare coverage purchased through the Health Insurance Marketplaces:** Every state has a health insurance marketplace where you can shop for coverage and find out if you qualify for lower costs, or they are connected to the federal Marketplace. You may be eligible to purchase a private insurance plan. For more information, please see HealthCare.gov.



I would like to apply for a healthcare plan through the Marketplace; where do I start?

The best place to get the resources you need to find and enroll in a plan that best fits your needs can be found at: <https://www.healthcare.gov/marketplace/individual/>. The Marketplace is an online resource to reviewing plan choices, completing applications, and getting assistance with questions about your healthcare choices.

Within the next several months, our AmeriCorps VISTA Health Benefit Administrator will have staff who can assist you with understanding your options.

Is VISTA service considered employment?

For most purposes, service in AmeriCorps VISTA is not considered employment. For the purpose of the Affordable Care Act, VISTAs are not considered employees of either the federal government or the sponsoring organizations where they are assigned to serve.

Should VISTAs claim their living allowance as income?

Yes. When completing an application for health insurance in the marketplace, VISTAs should report all household income, including any VISTA income they receive, such as VISTA living allowance.

Will I be reimbursed for the premiums for insurance I obtain on the Marketplace?

No. The healthcare allowance cannot be used towards premiums associated with healthcare coverage. You'll need to pay the premiums yourself. Other out-of-pocket expenses, such as deductibles and co-payments are covered by the allowance.

I'm concerned that I won't be able to afford other health insurance as a VISTA. What are my options?

Most VISTAs, [based on your VISTA living allowance income, alone](#), will qualify for a [premium tax credit](#) that lowers monthly insurance premiums. You can view plans and prices available in your area by using a [simple tool](#) at HealthCare.gov. You'll provide some basic income and household information and be able to see how much you'd pay for each plan. Prices shown account for any tax credit you're eligible for. Your final tax credit will be determined when you finish your [Marketplace application](#).

Other calculators are available through the Kaiser Family Foundation -

<https://www.healthcare.gov/blog/calculating-your-costs-and-savings-in-the-health-insurance-marketplace/> and Get Covered America – <http://www.getcoveredamerica.org/calculator/>.

Can I add my spouse/child to my insurance?

You are responsible for purchasing coverage for yourself as an individual for the duration of your VISTA service term if you want to access the healthcare allowance. Depending on the insurance plan you purchase, you may be able to add your spouse or child; however, the insurance plan determines whether you may be able to do so.

If so, you will need to check with your insurance provider to find out how to expand coverage to family members.

Please note that healthcare costs associated with care for your spouse or dependents are not eligible for reimbursement through the healthcare allowance.

Special Enrollment Period and 2014 Tax Exemptions

I'm ending my service term after the open enrollment period on the marketplace. Is ending VISTA considered a qualifying life event for access to the Marketplace outside of open enrollment?

Yes. On May 2, 2014, HHS issued guidance that creates a special healthcare enrollment period for AmeriCorps VISTA members.

At the conclusion of your service, you are able to purchase a qualified health plan from the federal healthcare marketplace outside of the annual open enrollment period. You have 60 days from your service end date to sign-up for healthcare coverage. For example, if you conclude your service during the summer, you can purchase a qualified health plan at the conclusion of your service, rather than waiting until open enrollment season in the fall.

To apply for coverage under the Special Enrollment Period, contact the Marketplace call center at 1-888-318-2596.

I'm filing my 2014 taxes, is there a specific exemption for AmeriCorps VISTA members?

Yes. On May 2, 2014, HHS issued guidance exercising its authority to establish a hardship exemption for national service members who did not have minimum essential coverage (MEC) in 2014. This hardship exemption means that you will not be subject to a fee under the Individual Shared Responsibility provision of the healthcare law for not maintaining MEC coverage in addition to the short-term and self-funded coverage offered through the AmeriCorps VISTA Healthcare Benefit in 2014.

If you elect to exercise the exemption extended to AmeriCorps VISTA members, use the hardship exemption form available at <http://www.healthcare.gov/exemptions> and select reason #14. When prompted, fill in "VISTA" as the reason. The Federal healthcare marketplace does not process hardship exemptions for the State of Connecticut. Residents of Connecticut need to contact Access Health CT to apply for the hardship exemption. For a complete list of exemptions and information about how to apply, please visit: HealthCare.gov/exemptions. This exemption is not available to AmeriCorps members in 2015.

VISTA Sponsor Support

I'm a VISTA Sponsor/Supervisor; I'd like to include our VISTAs on our health benefit policy, may I?

Yes, you may. However, you may not define the members as employees for the purpose of enrolling them in such benefit programs. Moreover, you must offer the benefit to all VISTAs serving with your organization.

I'm a VISTA Sponsor/Supervisor; I'd like to provide our members with a healthcare subsidy to off-set the costs of purchasing an ACA compliant health insurance plan. May I?

Yes, you may. However, certain conditions apply:

- You must use your own funds. You must not use funds received from the VISTA program. VISTA grant funds are intended to cover the costs of supervision, service-related transportation, and administrative fees, not member support or benefits. Your organization is responsible for tracking and documenting which of your funds are used for healthcare subsidies.
- You must offer the benefit equally to all VISTAs serving with your organization.
- Your organization must manage, respond to, and resolve, any issues raised by VISTAs or others related to the subsidy. CNCS will not be involved in any such issues that arise.
- The subsidy must be in the form of a reimbursement. Members must provide proof of coverage and cost in order to receive the reimbursement.
- You must inform the VISTA members that the subsidy is considered taxable income and they must report it as such.
- You are required to develop and document your policy and process for implementation.

I'm a VISTA Sponsor/Supervisor; if one of our members is assessed a penalty for not obtaining ACA compliant coverage, may I provide them with a reimbursement using federal funds or our own funds?

No, you may not reimburse a VISTA for a penalty associated with not having ACA compliant coverage. All Americans are subject to the provisions of the ACA. It is the responsibility of your VISTA member(s) to review their individual circumstances and determine if the ACA requires them to have compliant coverage and pay a penalty, if assessed one.